


PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
 <p>BANNER, BIRCH, MCKIE & BECKETT THOMAS CIRCLE NW WASHINGTON, DC 20005</p> <p><i>Chen</i></p>		INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		CO-INVENTOR'S NAME	
		Street Address	
		City, State and ZIP Code	
		<input type="checkbox"/> Check if additional changes are on reverse side	

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/055,942	06/01/87	006	CUNNINGHAM, T	186 06/29/90
First Named Applicant: CIVIL, CURT L.				

TITLE OF INVENTION: HUMAN STEM CELLS AND MONOCLONAL ANTIBODIES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1	435-240.270	G68	UTILITY	NO	\$620.00	10/01/90

BEST AVAILABLE COPY

3. Further correspondence to be mailed to the following: Dale H. Hoscheit, Esq. Banner, Birch, McKie & Beckett One Thomas Circle, N.W. Washington, D.C. 20005	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.	1 <u>Banner, Birch,</u> 2 <u>McKie & Beckett</u> 3 _____
---	--	--

DO NOT USE THIS SPACE

060 CH 08/21/90 07055942

1 142

620.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE: <u>The Johns Hopkins University</u> <i>C2</i>		<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
(2) ADDRESS: (City & State or Country) <u>Baltimore, Maryland</u>		6b. The following fees should be charged to: (Minimum of 10) DEPOSIT ACCOUNT NUMBER <u>19-0733</u> (Enclose Part C)	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION <u>Maryland</u>		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advanced Order - # of Copies _____	
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees (Minimum of 10)	
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Signature of party in interest or record) <u>Dale H. Hoscheit, Esq.</u> (Date) <u>8/14/90</u> NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.	

TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE